


<p>SEND CORRESPONDENCE TO:</p> <p></p> <p>021121</p> <p>PATENT TRADEMARK OFFICE</p>	<p>DIRECT TELEPHONE CALLS TO:</p> <p>OPPEDAHL & LARSON LLP</p> <p>(970)468-6600</p>
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Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

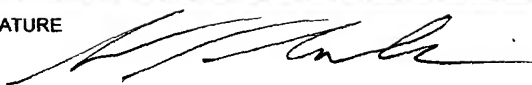
EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[] NO[]	YES[] NO[]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000
(application number)	(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME FLANK	FIRST NAME SHARON	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Vienna	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Drive		CITY Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May 2002		SIGNATURE 	

- [] Signature for additional joint inventor attached. Number of Pages ____.
- [] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.
- [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.